

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/889751	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		4		1			55						
6		4		1			56						
7		4		1			57						
8		4		1			58						
9		4		1			59						
10		4		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19	1		1				69						
20	1		1				70						
21	1		1				71						
22		1		1			72						
23		1		1			73						
24		2		1			74						
25		2		1			75						
26	1		1				76						
27		1		1			77						
28		2		1			78						
29		2		1			79						
30		2		1			80						
31		2		1			81						
32		2		1			82						
33	1		1				83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41	1		1				91						
42		1		1			92						
43		1		1			93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		7				TOTAL IND.						
TOTAL DEP.	63		36				TOTAL DEP.						
TOTAL CLAIMS	70		43				TOTAL CLAIMS						